## Office of Senator Richard Blumenthal Information Release Form

\*\*Under the Privacy Act of 1974, your signature is required for Senator Blumenthal to contact federal agencies and private institutions on your behalf.

Name: (Please include all parties associated with account)		
Property Address:		
City and Zip Code:		
Daytime: ( ) (work/home, circle one) Fax: ( )		
Evening: ( ) (work/home, circle one) Cell: ( )		
E-mail:		
Last Four Digits of Social Security Number: Date of Birth:		
Circle One:		
• Are you in foreclosure?	Yes	No
• Are you in court mediation?	Yes	No
• Are you seeking a mortgage modification?	Yes	No
• Have you contacted your lender and requested assistance?	Yes	No
o If yes, what steps have you taken regarding this request?		
Have you contacted any other Congressional offices?  If you which offices?	Yes	No
o If yes, which offices?		
Have you contacted any federal agencies regarding this concern?	Yes	No
o If yes, which agencies?		
Have you contacted any local agencies or nonprofits regarding this concer	m? Yes	No
o If yes, which organizations?		

## Office of Senator Richard Blumenthal Information Release Form

behalf and to receive any relevant information the S provide assistance to me:	enator and his staff may need in their efforts to
provide assistance to me:	enator and his starr may need in their errorts to
	enator and his staff may need in their efforts to
I authorize the Office of Senator Richard Blumentha	
Nature of issue:	
(	,
Name of investor of loan (such as Fannie Mae, Fred	die Mac, FHA, VA), if any:
Account Number(s):	
A (NT 1 ()	

Please complete and mail this form to: Senator Richard Blumenthal 30 Lewis Street, Suite 101 Hartford, CT 06103

(Please include all parties associated with account)